PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10766006

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	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
	TOTAL CLAIM	AL CLAIMS 20		·			RATE	FEE	7	RATE	FEE	
	FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FEE	770.00
	TOTAL CHARGE	70 minus 20=		*] .	X\$ 9=		OR	·X\$18=		
	NDEPENDENT (Z minus 3 =		*		٠	X43=		OR.	X86=		
	MULTIPLE DEPE	PRÉSENT	RESENT				+145=		OR	+290=		
*	If the difference in column 1 is less than zero,				o, enter "0" in column 2			TOTAL	3.85	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL		⊸ OR	OTHER SMALL	
AMENDMENT A		CLAIMS , REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY :	PRESENT EXTRA		RATE	ADDI- TIONAL -FEE	7	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	- :	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***				X43=		OR	X86=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT							·+145=		OR	+290=	
	• .		•			L	TOTAL ADDIT. FEE		OR,	. TOTAL ADDIT, FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								-	 		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL	ER JSLY	PRESENT- EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	and "		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF ML	Minus	CNDENT (21.0184	=		X43=		OR	X86=	
L	11.1101111230	TATATION OF MIC	·	LINDLINIC				+145=		OR	+290=	
			A	TOTAL DOIT, FEE		OR A	TOTAL DOIT. FEE					
	T	(Column 1)		(Column		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FC	ER ISLY	PRESENT EXTRA		RATE]	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
NON:	Total	*	Minus	414,		::		X\$ 9=		OR	X\$18=	
AME	Independent	VITATION OF MU	Winus	CANDEAU C	1 4114	= -	1	X43=		OR	X86=	
	Luga Guesei	ATATION OF MU	CHPLE DEP	ENDENT C	LATIM			+145=		FIO	+290=-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL OIT FEE	
7	The "Highest Numb	rer Previously Paid	For" (Total or I	ndependent)	e the h	ighest number f	aund	in the appro	priate box	in colun	an I	